



A Dialogue About Safe Communities

Highlights from a New England Workshop About Local Traffic Safety Initiatives

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The conference, *A Dialogue About Safe Communities*, was organized by the NHTSA Region I Office and Education Development Center, Inc. (EDC). These selected highlights were written by Marc Posner of EDC. Graphic design by Andrea tenBroek of the Rasky/Baerlein Group.

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Introduction

The Safe Communities approach was championed by NHTSA Administrator Ricardo Martinez as a way of creating local programs to prevent motor vehicle, pedestrian and bicycle injuries. With the support of Department of Transportation Secretary Rodney Slater, Safe Communities is now recognized as a department-wide commitment to protect Americans from all types of transportation-related injuries.

In January 1999, representatives from a dozen New England Safe Communities projects, joined by staff from the U.S. Department of Transportation and several state highway safety and public health offices, gathered to discuss their experiences with the Safe Communities model.

This publication features some of the information and experiences shared at this meeting, which we hope will assist programs in using the Safe Communities model and encourage others to become involved in this important initiative.

The goal of the conference was to enable those involved with Safe Communities programs to share ideas and to help one another develop innovative, creative, and low -cost strategies to address their community traffic safety problems.

Topics discussed at the workshop included realistic approaches to finding a "program champion," building commitment among program participants and partners, defining a community's injury problem, building a coalition, involving citizens, and evaluating program activities. But Safe Communities is a more than a mechanical approach to preventing injuries. It begins with a commitment to improving the health and safety of a community through the action of local agencies, organizations, and citizens. We hope that the information and ideas presented at "A Dialogue About Safe Communities," and summarized in this publication, will inspire others to make this commitment and use the "spirit" and components of the Safe Communities approach to reduce the toll of injuries in their communities.

A Message from George A. Luciano, NHTSA Region I Administrator

Safe Communities is our vision for the future of highway safety and injury control. Despite dramatic medical advances and positive changes in health behaviors, injury remains a major public health problem. The financial burden is staggering. Motor vehicle injuries alone cost us more than \$150 billion a year. In 1997, more than three million people were injured in car crashes on our nation's roadways.

Safe Communities forges new partnerships among injury prevention, acute care, and rehabilitation resources as well as business and government, to launch innovative strategies to solve problems. A "safe" community forms broad coalitions of concerned citizens and community leaders to expand public support, participation, and ownership of transportation safety and injury control.

Our goal is to make Safe Communities a concept that can work for everyone. We at the U.S. Department of Transportation assure you that we are available to assist you in any way possible to make Safe Communities a reality in your city or town.

Surveys: Practical Tools for Gathering Information

Richard Ross, coordinator of Safe Communities coalitions in Norwich and Montville, Connecticut, spoke about using surveys to help define traffic safety problems and generate support for solutions:

“**N**orwich and Montville are very different towns. Norwich is an old, well-defined community. Montville is a collection of neighborhoods that often relish their differences more than what they have in common. In Norwich, two young siblings were killed by a driver whose attention was distracted when he reached for a bottle of beer. In Montville, a child was fatally crushed against a stone wall when a driver misjudged the width of the road. In Norwich, the community responded to the tragedy by forming a Safe Communities coalition. In Montville, very little happened in the year following the incident, until the mother of the child who was killed read about the Norwich Safe Communities coalition and called to ask how a similar program could be organized in her town.

In Norwich, it was easy to gather data. Everyone took part—the hospital, EMS, and the police department all cooperated. In Montville, there is no hospital. Police functions are handled by a few part-time constables and the state police. A data collection effort akin to that in Norwich was impossible. But the

Montville Safe Communities coalition still needed a way to explore its traffic injury problem.

We came up with the idea of doing a traffic safety survey. The survey was put together by the coalition's core committee, with the help of the Uncas Health District. Local newspapers agreed to publish the survey and to publicize it prior to publication in order to generate interest and responses—which it did.

We learned things that we did not expect

We held a press conference to announce the findings to the public; they were also published in the local papers. They got results. The mayor attended the press conference and announced that police enforcement would be increased in the areas that the residents identified as most dangerous. He also announced that the town would begin to identify priority areas for the building of sidewalks. The press coverage called attention to the motor vehicle injury problem and to our Safe Communities coalition.

“Surveys reflect the community's concerns and can motivate town government to respond by taking action in ways that a more objective data collection effort cannot.”

—Richard Ross,
Safe Communities Coordinator

to learn. We learned that people in Montville did not believe their town was a safe place to bring up children because of a lack of traffic safety. We learned that the residents of Montville were concerned with narrow roads and a lack of sidewalks, rather than issues like impaired driving or unsafe vehicles. And we learned that the residents had much to contribute to solving the traffic injury problem. They wanted more traffic safety education for their children and a greater police presence in their community. They wanted the brush cut back from the side of the road. And they were willing to pay for these improvements through increased taxes.

When we began developing the survey, we didn't quite know what would come of it. After we completed the process, we discovered the many benefits. Surveys can be done quickly and inexpensively. They can provide information that cannot be collected any other way. Survey results can be analyzed by nonprofessionals and understood by anyone. They reflect the community's concerns and can motivate town government to respond by taking action in ways that a more objective data collection effort cannot. And surveys help publicize your program and bring new people into your coalition.

(continued on next page)



Norwich Safe Communities coalition logo

The Essential Role of a Program Coordinator

Survey

We are planning to have additional communities do similar surveys and compare the results to other data, such as police crash reports and emergency services data, to see how closely problems identified by the community reflect problems identified by other types of data collection.

“We learned things that we did not expect to learn.

We learned that people in Montville did not believe their town was a safe place to bring up children.”

—Richard Ross



Richard Ross, coordinator of Safe Communities coalitions in Norwich and Montville, Connecticut

Program representatives all agreed that a paid coordinator is essential to the long-term health and effectiveness of a program.

A coordinator:

- Provides energy and continuity between coalition meetings and helps a program survive the inevitable periods when members' energy flags or they are distracted by other matters
- Can take responsibility for administrative tasks, allowing the representatives of partner organizations to focus on actual traffic safety activities
- Is a single and reliable point of contact for information about the program, which is of immense benefit to partners, funders, the media, and the public
- Can organize and implement fundraising and grant-writing activities to sustain a program by, among other things, paying for his or her time

Participants suggested a number of ways to obtain funding for a coordinator, including:

Line items in the budgets of public sector partners, such as health departments and community policing programs. A housing authority could, for example, justify contributing to a coordinator's salary if some of the coalition's activities targeted its residents. Including a line item for staff support in a Safe Communities program demonstrates a commitment to collaboration that is very attractive to state and Federal funders.

Private sector partners, such as health care providers, media outlets, and business franchises. Many local businesses or health care providers are part of national or regional corporations that are willing to provide funding for programs in which local affiliates are active. Others are affiliated with foundations that can be approached for funds.

Federal grants obtained through state public health or safety agencies.

Programs should not become overly dependent on any one source of funds. Federal funding, for example, is discretionary and provides short-term

"seed money" rather than ongoing support. Programs may want to establish themselves as nonprofit entities so that foundations and other donors have a formal recipient to whom they can provide funds.

Funding a paid coordinator is not an unrealistic goal. Many programs have found ways to finance a full- or part-time coordinator. Richard Ross of the Norwich and Montville Safe Communities coalitions is supported by a NHTSA Region I Office mini-grant and support from the local health department. Frank Marcucio of the Seymour (Connecticut) Volunteer Ambulance Association reported that Safe Communities of Lower Naugatuck Valley received a local foundation matching grant to support a coordinator at decreasing levels over a four-year period. During this time, the local Emergency Medical Services (EMS) control board will gradually increase the EMS per call rate, and the additional funds will be used to sustain the Safe Communities program.

Measuring Behavioral Change

Sandra Del Sesto of the Providence (Rhode Island) Safe Communities Partnership pointed out that many programs try to measure outcomes in terms of behavioral change, such as increases in seatbelt use or decreases in DWI.

But promising that a program will produce significant behavioral changes over a short time period ignores what science has learned about the way in which people accomplish behavioral changes. Del Sesto suggests that programs define their objectives by looking at the stages people move through on the path to lasting behavioral change.

As Sandra Del Sesto explains, research has shown that programs that design educational strategies based on these stages of change are more successful than those that try to immediately move a target audience from its current behavior to the desired behavior.

These stages of change have been identified by researchers, including James Prochaska. According to Prochaska, individuals in the first stage, precontemplation, do not think about change.

People are often waiting for the "magic moment" when they are going to change. But they won't take much action to accomplish this change. They require a great deal of reinforcement to prepare for action.

—Sandra Del Sesto

People in precontemplation don't think about putting on their seat belts, and cannot be immediately pressured into change. They must be given information and an environmental context (for example, safety belt laws) that remind them that a change in their behavior is desirable. The goal, at this stage, is to help the target audience start thinking about changing their behavior.

People in the next stage, contemplation, are thinking about changing their behavior. They are often waiting for the "magic moment" when they are going to change. But they won't take much action to accomplish this change. They require a great deal of reinforcement to prepare for action.

Preparation is the next stage. Individuals in preparation are talking about changing and taking steps toward change. What they require is skill building that allows them to accomplish the desired behavior.

Individuals in the action stage are changing their behavior. They will, for example, wear seat belts. But they may not have changed their behavior consistently and are always at risk of returning to the unsafe behavior. They need reinforcement and additional skill building to help them consistently behave safely.

Once a behavior has been consistently practiced for six months, the maintenance stage has been reached. At this stage, additional reinforcement is needed to prevent backsliding.

The final stage is termination, when the behavior is such an intrinsic part of a person's life that he or she does not even think about it. When these individuals get in a car, they put on their seat belts almost as a reflex. Del Sesto suggests using questionnaires or focus groups to identify where the

target audience is in relation to the desired change. Program goals can then be defined in terms of moving the target group to the next stage toward behavioral change, if the group is not ready to make the change itself.

Once this goal is established, appropriate strategies, activities, and outcome measures can be selected. A program for people who are in precontemplation about safety belt use will look very different from a program for people in preparation. The former focuses on information and legislation, the latter, skill building.

For more information on the stages of behavior change, Del Sesto recommends:

Changing for Good

by J. Prochaska, C. DiClemente, and J. Norcross, New York: William Morrow & Co., 1994

In search of how people change

by J. Prochaska, C. DiClemente, and J. Norcross, in *American Psychologist*, 47: 9 (1991), 1102-14

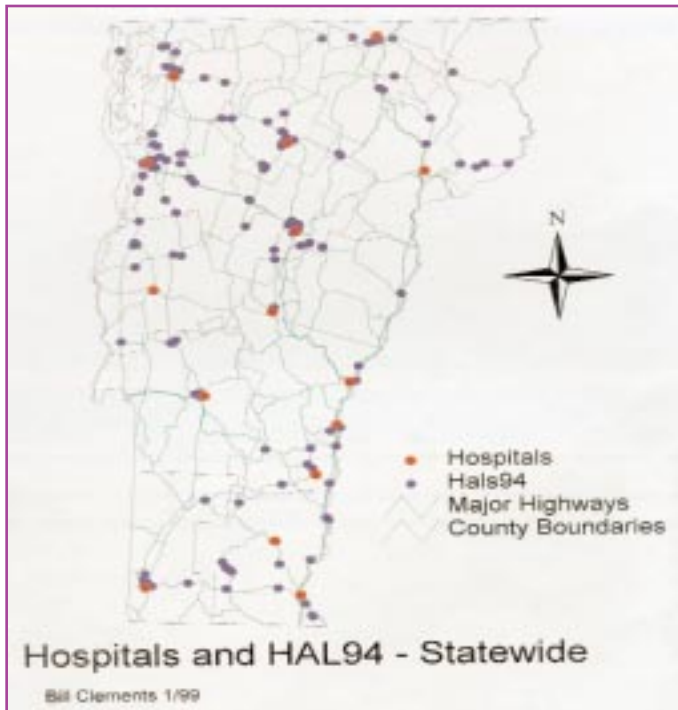
In search of the structure of change

by J. Prochaska, C. DiClemente, and J. Norcross, in the book *Self-Change*, edited by Y. Klar, J. Fisher, and A. Nadler, New York: Springer-Verlag, 1992

Prescribing to the stages and levels of change

by J. Prochaska, in *Psychotherapy*, 28 (1991), 463-68

William Clements of the Vermont Center for Justice Research spoke about how data mapping can be used to both identify traffic safety problems and measure the effectiveness of the strategies used to address them.



Data mapping combines a map of an area or community with information on traffic crashes and injuries. It can, for example, identify intersections or stretches of roadway that are especially prone to collisions. Once such areas are identified, the information available about how and why these collisions took place can be used to help identify steps that might prevent similar collisions in the future.

Data mapping can also be used for program evaluation to determine if, for example, a new stoplight or a lower speed limit resulted in fewer crashes or crashes resulting in less severe injuries. In addition to their technical utility, data maps are easily understood by decision-makers and the public and articulate an urgency that other types of presentations may lack.

Data mapping requires three elements: (1) Mapping software, which is now available for desktop computers; one criterion for choosing this may be its use by other agencies in your state from whom you may want to obtain data; (2) crash and injury data, which are collected by police departments, hospitals, and

emergency departments; and (3) coverage files, the maps of your community on which crash and injury data will be imposed; such files are often available from state census bureaus or EMS agencies, which use them as part of the emergency response system.

Clement's project in Vermont created maps that show high crash areas in relation to features such as schools and trauma centers. These maps not only identified problem roadways but also highlighted specific groups (such as schoolchildren) who might be at risk, and gaps in the medical system's ability to respond to these injuries. It may be prudent, for example, to place a higher priority on injury prevention efforts at a dangerous intersection located far from the nearest hospital than for a similarly dangerous area located closer to emergency assistance.

For more information on data mapping, Clements recommends the following:

Analytic Mapping and Geographic Database

by G.D. Garson and R.S. Biggs, Newbury Park, CA: Sage Publications, 1992

The Geoarchive Handbook

by C.R. Block and L.A. Green, Chicago: Illinois Criminal Justice Information Authority, 1994

“High-tech computer mapping and low-tech community policing”

by F.S. Taxman and J.T. McEwene, in *Journal of Urban Technology*, 2:1 (1996), 85-103

An Introduction to Urban Geographic Information Systems

by W.E. Huxhold, New York: Oxford University Press, 1991

National Institute of Justice's Crime Mapping Research Center,

which can be found on the Web at www.ojp.usdoj.gov/cmrc/

Partnering with the Media

Many Safe Communities programs represented at the workshop benefit from partnering with local newspapers and television and radio stations.

The media can:

- bring safety messages to the community
- bolster program visibility and attract new partners and funding
- help retain the support of current coalition partners, helping them generate the institutional support they need for sustained involvement

Editors and reporters appreciate having stories and information brought to them. The press should be invited to sobriety checkpoints, child safety seat inspections, and other activities. They should be encouraged to publicize these events in advance and to report on the results. Programs should supply the press with data on traffic safety trends relevant to these events and demonstrate how these trends are reflected in their communities.

Keith Fontaine, executive editor of the *Norwich Bulletin*, pointed out that the media can be a full partner in Safe Communities coalitions.

His newspaper published a series of traffic safety stories, a survey to help define community concerns, and a special supplement on Safe Communities. He recommends that programs approaching the editorial board of a newspaper for support include influential members of the

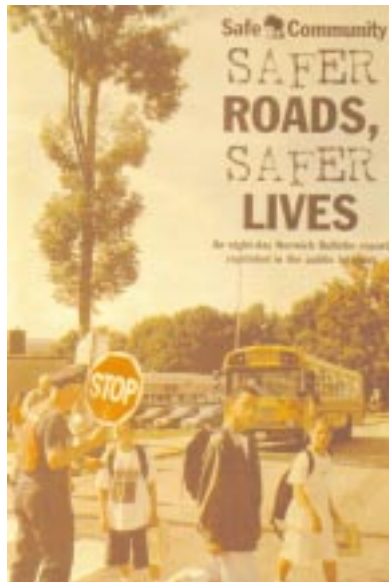


photo: *Norwich Bulletin*

The *Norwich Bulletin* published a series of traffic safety stories, a survey to help define community concerns, and a special supplement on Safe Communities.

"What you are doing in Safe Communities programs is news. Take that news to the media."

—Keith Fontaine,
Executive Editor,
Norwich Bulletin

coalition, such as the police chief, at the first meeting, to lend credibility to the program.

Other methods of getting information in newspapers include submitting op-ed pieces or letters to the editor. Papers can be encouraged to print the names of those convicted of DWI, speeding, and occupant restraint violations.

Some coalition partners, such as hospitals, may have press offices that can help with media relations. However, it is important that the Safe Communities coalition itself be identified as the source of stories and information in order to bolster its credibility and name recognition.

Moving from a Local to a Regional Focus

Some Safe Communities programs may want to regionalize to conserve resources and operate more efficiently over a wider area. Christine Driscoll of the Massachusetts Safe Roads project, described one such program. Safe Roads, which is funded by the Massachusetts Governor's Highway Safety Bureau, serves a 21-community area through "partnership agreements." These agreements detail each community's responsibilities for working cooperatively on traffic safety. These responsibilities include designating a point of contact for Safe Roads, identifying a command person within the police department to approve overtime for enforcement, attending monthly planning meetings, conducting surveys, developing publicity, and implementing an agreed-upon number of traffic safety activities. In return, Safe Roads provides enforcement and outreach minigrants, assistance with data analysis, speed surveys, and event planning, specialized training, and other forms of technical assistance. Driscoll reports that while her grant does not allow her to be a "player in 21 communities," it enables her to cultivate relationships and provide resources to people within these communities who can make a difference at the local level.

The Future of Safe Communities

A Safe Communities Status Report: Chester R. Jourdan, Jr.

Chester R. Jourdan, Jr., Safe Communities coordinator, Office of State and Community Services, NHTSA, talked about the present and future of the Safe Communities model.

Safe Communities is an evolution, an extension of community-based traffic safety programs that have existed for some time. We added to the model some new elements. We have added new partners. Community traffic safety programs took place within an institutional setting. They involved very little citizen participation.

Safe Communities must have citizen participation. Safe Communities involves public and private sector partners, as well as prevention, acute care, and rehabilitation professionals. Safe Communities creates new opportunities for innovative partnerships and empower communities to create strategies tailored to their specific needs. All it takes is a "champion" and a group of dedicated volunteers/partners to make a difference.

Community traffic safety programs focused on fatalities. But there are not a lot of fatalities in any one community. Safe Communities uses

local injury data and the costs of medical care to the local community. The real economic costs to communities stem from injuries, not fatalities. One-third of all motor vehicle injury costs are uncompensated care paid for by local hospitals.

Safe Communities is an intermodal Department of Transportation effort. Programs should bring in new DOT partners: the Federal Aviation Administration, the Coast Guard, and the Bureau of Transportation Statistics, to name a few examples. And Safe Communities programs can address all of the injuries in a community, not just traffic injuries.

Where do we go from here? As of December 1998, there were 472 Safe Communities programs. We want to have 600 Safe Communities by the end of 1999 and 1,000 by the end of the year 2000. Is this possible? I think it is. Is it possible to have a Safe Communities program in every community in America? I think it is.



Chester Jourdan, Safe Communities coordinator for NHTSA's Office of State and Community Services delivered keynote remarks for the conference.

Measuring Success

Participants agreed that funders and local government should be kept informed about program success. But to be successful, Safe Communities programs must establish realistic goals and educate their funders about how progress is made. Many goals, especially behavioral changes like seat belt use, take a long time. It is difficult for community programs to demonstrate a statistically significant change in these behaviors over the course of any one year. It may take five or six years to create such a change. And programs do not always create change on their own; often, they contribute to a broader effort that produces important changes. Funders need to be made aware that Safe Communities programs are one important component of an injury prevention system that includes other injury prevention and traffic safety programs, legislative actions, and engineering improvements. Each component and each community contribute to the long-term national decline in traffic-related injuries.



Safe Communities Service Center

Limited quantities of Safe Communities materials are available from the Safe Communities Service Center:
819 Taylor Street, Room 8A38, Fort Worth, Texas 76102.
Phone: (817) 978-3653 Fax: (817) 978-8339
E-mail: Safe.Communities@nhtsa.dot.gov
Visit the Safe Communities Service Center website at
www.nhtsa.dot.gov/safecommunities

A Dialogue About Safe Communities

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Selected Resources from the New England Region, U.S. Department of Transportation



The goal of the department is to promote a safer transportation system. A significant step toward achieving this goal is to combine the best injury prevention practices of each mode into a Safe Communities program. The following is a sampling of educational resources available from the various U.S. DOT modal agencies.

Federal Aviation Administration (FAA)

The "Air Bear" classroom program is appropriate for children in grades K-3. Contact: Shelia Bauer, FAA New England Region, 12 New England Executive Park, Burlington, MA 01803. Telephone: (781) 238-7020; <www.faa.gov/education>.

Federal Highway Administration (FHWA)

FHWA safety campaigns include the Red Light Running (RLR) program and a truck safety campaign. Your state FHWA Federal Aid Division Office has more information. To find this office, contact: Wes Blount, FHWA, MA Division Office, 55 Broadway, 10th Floor, Cambridge, MA 02142. Telephone: (617) 494-3657. Or contact Myra Bulis, Office of Motor Carrier Safety, 55 Broadway, Cambridge, MA 02142. Telephone: (617) 494-2770; <www.fhwa-dot.gov> (click on customer service icon).

Federal Railroad Administration (FRA)

Operation Lifesaver seeks to improve driver and pedestrian behavior at highway-rail intersections. Contact: Gary Fitz, Federal Railroad Administration, 55 Broadway, Room 1077, Cambridge, MA 02142. Telephone: (617) 494-2302; <www.fra.dot.gov/o/safety>.

Federal Transit Administration (FTA)

The FTA promotes safe use of public transit. Contact: Richard Cole, Federal Transit Administration, 55 Broadway, 9th Floor, Cambridge, MA 02142. Telephone: (617) 494-2055; <www.fta.dot.gov>.

United States Coast Guard (USCG)

Initiatives include a SAFE KIDS website and outreach to elementary and middle schools. Contact: Commander Dave Petta, U.S. Coast Guard, District I, 408 Atlantic Avenue, Boston, MA 02110. Telephone: (617) 223-8480; <www.uscg.mil/edu>.

Research and Special Program Administration (RSPA)

RSPA has responsibility for the Garrett Morgan Technology and Transportation Futures initiative. This program includes outreach to elementary schools, community college partnerships, and undergraduate, graduate, and life-long learning programs. Contact: Garrett A. Morgan Technology and Transportation Futures Program, ATTN: DRP-2, U.S. Department of Transportation, Washington, DC 20590-0001; e-mail: garrett.morgan@rspa.dot.gov; <www.education.dot.gov/>.

National Highway Traffic Safety Administration (NHTSA)

NHTSA is the primary DOT administration designated to prevent traffic injuries. Contact: NHTSA Region I, 55 Broadway, 9th Floor, Cambridge, MA 02142. Telephone: (617) 494-3427. A catalog of NHTSA materials is available from U.S. DOT/NHTSA, Media and Marketing Division, NTS-21, 400 Seventh Street, SW, Washington, DC 20590, Attn: TSP Resource Center Orders, as well as the NHTSA website at <www.nhtsa.dot.gov>.

NHTSA's Safe Communities Service Center (SCSC) provides materials and technical assistance. SCSC can be reached at NHTSA Region VI-Room 8A38, 819 Taylor Street, Fort Worth, TX 76102. Telephone: (817) 978-3653; e-mail: Safe.Communities@nhtsa.dot.gov; <www.nhtsa.dot.gov/safecommunities/servicenter/>.